

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25793</u>	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name James Irwin  P O Box Bldg Room No if any Suite 200  Street 2333 N Lake Ave  City Altadena  State California ZIP Code +4 91001	4 Name file number and address of labor organization Name Painter AFL CIO DC 36  Labor Organization File Number 030 396  P O Box Building and Room Number if any Suite 200  Street 2333 N Lake Ave  City Altadena  State California ZIP Code +4 91101
5 Position in labor organization Business Representative	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code +4	7 a Nature of Interest Transaction or Income          7 b Amount

### Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>James M. Irwin</u>	On <u>May 9 2006</u> Date	<u>(626) 584-9925</u> Telephone Number

Name of Person Filing <b>James Irwin</b>	File Number <b>U</b>
--	----------------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name <b>SCPD Labor Management Cooperation Committee</b>  Trade Name if any <b>So Cal Painters &amp; Decorator LMCC</b>  P O Box Bldg Room No if any <b>Suite 220</b>  Street <b>2333 N Lake Ave</b>  City <b>Altadena</b>  State <b>California</b> ZIP Code + 4 <b>91001</b>	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input checked="" type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name <b>California Council PDCA</b>  Trade Name if any <b>Painters Decorators Contractors Ass</b>  P O Box Bldg Room No if any  Street <b>3504 Walnut Ave</b>  City <b>Carmichael</b>  State <b>California</b> ZIP Code + 4 <b>95608</b>	<b>11 a Nature of such dealing</b>  The LMCC is a jointly administered labor and management fund established under the terms of the Collective Bargaining Agreement The LMCC arbitrates disputes and issues interpretations of the Agreement  <b>11 b Approximate dollar value of such dealing</b> <span style="float: right;">\$0</span>  <b>12 a Nature of interest held or income received</b>  2 Tickets to PDCA SCUC Labor Management Day on 7/14/05  <b>12 b Amount</b> <span style="float: right;">\$1 051</span>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<b>14 a Nature of payment.</b>        
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment.</b>  